

25 E STREET NW SUITE 200

WASHINGTON

DC

20001

FEC ID No. C00449801

☐ 24-Hour Notice ☒ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF 1 / 3

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
MATTHEW 25 NETWORK

FEC IDENTIFICATION NUMBER

C C00449801

Check if ☐ 24-hour notice ☒ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Buying Time, LLC

Date

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Amount

5344.80

City

Washington

State

DC

Zip Code

20007

Purpose of Expenditure

TV Ad - Disseminated
8/16/08Category/
Type

Office Sought:

☐ House

State: DC

☐ Senate

District: _____

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____

Transaction ID: SE.4530

Calendar Year-To-Date Per Election

21394.94

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

Eleison Group

Date

M M / D D / Y Y Y Y
0 7 / 1 8 / 2 0 0 8

Amount

1061.14

City

Arlington

State

VA

Zip Code

22209

Purpose of Expenditure

Radio Ad Production

Category/
Type

Office Sought:

☐ House

State: DC

☐ Senate

District: _____

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____

Transaction ID: SE.4531

Calendar Year-To-Date Per Election

6351.14

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

6405.94

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MARA VANDERSLICE

Signature

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour NoticeSCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE OF 2 / 3
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MATTHEW 25 NETWORK		FEC IDENTIFICATION NUMBER C C00449801	
Check if <input type="checkbox"/> 24-hour notice <input checked="" type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Eleison Group		Date M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 8	
Mailing Address 1665 North Fort Meyer; Suite 700		Amount 1580.00	
City Arlington	State VA	Zip Code 22209	
Purpose of Expenditure Radio Ad	Category/ Type	Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) : _____	
6351.14		Transaction ID: SE.4532	
Full Name (Last, First, Middle, Initial) of Payee Eleison Group		Date M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 8	
Mailing Address 1665 North Fort Meyer; Suite 700		Amount 2711.00	
City Arlington	State VA	Zip Code 22209	
Purpose of Expenditure Radio Ad	Category/ Type	Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) : _____	
9062.14		Transaction ID: SE.4533	

(a) SUBTOTAL of Itemized Independent Expenditures	4291.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
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MARA VANDERSLICE Signature	M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 8

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :**FEC ID No.**☐ 24-Hour Notice ☐ 48-Hour Notice**SCHEDULE E (FEC Form 3X)****ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
MATTHEW 25 NETWORK**FEC IDENTIFICATION NUMBER****C** C00449801Check if ☐ 24-hour notice ☒ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

National Catholic Reporter

Date

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Amount

2650.00

City

Kansas City

State

MO

Zip Code

64111

Purpose of Expenditure

Newspaper Ad

Category/
Type

Office Sought:

☐ House

State: DE

☐ Senate

District: _____

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____**Transaction ID:** SE.4534

Calendar Year-To-Date Per Election

2650.00

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

pTV Media

Date

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Amount

6988.00

City

Washington

State

DC

Zip Code

20035

Purpose of Expenditure

TV Ad Production -
Disseminated 8/18/08Category/
Type

Office Sought:

☐ House

State: DC

☐ Senate

District: _____

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____**Transaction ID:** SE.4529

Calendar Year-To-Date Per Election

21394.94

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

9638.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

20334.94

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MARA VANDERSLICE

Signature

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8